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## ORIGINAL DEPARTMENT.

### COMMUNICATIONS.

#### TENOTOMY OF THE TENSOR TYMPANI.

BY DR. FRED. E. WEBER.

Translated by Professor Alex. Loos, and Laurence  
Turnbull, M. D., Aural Surgeon to Howard  
Hospital, Philadelphia.

Since the year 1868, I have published in this periodical\* various articles calling the attention of my professional colleagues to tenotomy of the tensor tympani, as a new aural operation in surgery, which promises to fill a large and indeed, one of the most important gaps in our (aural) medical resources. The impulse given by me towards adopting this operation† met with a favorable consideration on the part of many, as I infer from a number of orders for the Tenotome which I had devised, and briefly described and illustrated.‡ Nothing, however, having been said thus far to show that others have followed the plan by which I have already applied this operation in the

\* *Monatsschrift für Ohrenheilkunde*, No. 4, 1868; No. 12, 1868 (illustration of tenotomy of the tensor tympani); No. 10, 1870, and 11, 1871 (communication of two cases in which tenotomy was successfully applied by me), and 12, 1871.

† To the eventual possibility of its usefulness in the case of a spasmodic condition of the muscle, Hyrtl first incidentally called attention in his typographic anatomy.

‡ The manufacturers of surgical instruments, Lutter, (Schmitt), Tanner and Reim, who make it; yet I must here observe that many of the instruments directly ordered and furnished by them do not meet all the requirements, especially the little hooked knife, in several minor but important details. Above all, it is now made wider, rounded off with a sharp edge under the hook, the point under the hook dull; the direction in which it deviates in an obtuse angle from the horizontal, is somewhat oblique towards the outside, and here, especially at the point where it is bent, it is made somewhat stronger.

case of living patients, the more it becomes my duty to communicate some particulars regarding the indications and the performance of the operation of tenotomy.

This will also be done in a detailed treatise on which I am now engaged, and which will contain the history of actual cases, about fifty in number, which have come under my observation, and in which I have applied tenotomy; those which were without any advantageous result, as well as those attended with a success often exceeding the expectations placed upon them.

I thought it expedient to delay the publication of this work only in order to be able in the meantime, by a more frequent application of tenotomy, and by a more extended observation of the cases in which it was applied, to secure a greater amount of experience for better estimating its medical value, and to furnish something more mature and more worthy of the subject. For during a practice of otology extending through nearly a decade, I have been only too often compelled in the end to abandon the most boasted procedures suggested by the most reliable authors, as well as a great many of my own methods of treatment, from which I at first expected great results, as inappropriate and useless. This has taught me how difficult correct observation is even in a specialty, and how easy, seductive and lasting are the deceptions to which even an earnest striving after a scientific knowledge of the true state of things is exposed, more especially the judgment regarding the value of a method of operation which is essentially based upon suppositions made *a priori*, and which directly and

bodily teaches the still unsolved riddles of physiology and pathology of an organ which is most remote from diagnosis and direct therapeutic manipulations! I must admit that the distrust awakened in me occasionally by inadequate success, and the objections to so difficult an operation as tenotomy, at which the patients do not hesitate to increase the operator's responsibility to the highest degree, often caused me, during the first few years of my practice, to delay the operation for months; and only gradually the firm conviction of its actual value, that cannot be replaced by any other method of treatment, was established in my mind upon the ground of numerous operations performed by me during the last year with a more skilled hand, and the results of which were observed for a long time after the operation.

The consideration which caused me to adopt the operation of tenotomy of the tensor tympani muscle, as one that offered important therapeutic chances, was decided by the following considerations:—

First. (a). That according to the experiments of distinguished investigators, it seems established that the musculus tensor tympani, under a normal condition of things, keeps not only the membrana tympani and the series of bones with the apparatus connecting them, but also the labyrinth by means of the stapedial bones, under a certain degree of permanent tension; and that accordingly it is also correct that an anomalously strong tension of the muscle brings not only the membrana tympani into a hypertension which hinders the normal reception of sound waves, and likewise places the bones of the ear in too high a degree of tension, which does not promote the transmission of sound waves, and also at the same time subjects the intralabyrinthine phenomena to an increased pressure.

(b). That it may be assumed (see my argument for this assumption in the dissertation "on secretions" in No. 11, 1870, and No. 1, 1871, of this monthly), that a permanently increased tympanal and intratympanal tension (especially with a frequently occurring simultaneous disturbance or interruption of the ventilation of the Eustachian tubes, *i.e.* with an obstructed access of air into the cavity of the tympanum, with the unavailability of respiratory and motory forces for the intratympanal circulation of the blood, on account of limited vi-

brations of the membrana tympani, etc), may also furnish the first and continued cause, even without this concurrence of vasomotor disturbances or obstructions in large vessels, for an alteration of the intratympanal circulation, and thereby for disturbances of the tympanal and intratympanal sustentation, for the superinducing of hyperæmia and secondary catarrh, and in consequence of this for the thickening and induration of the living membrane of the intratympanal structures.

(c). That likewise an increased pressure within the labyrinth, transferred and sustained by the tensor tympani, may finally not only lead to alterations of the circulation and oscillations within the labyrinth, especially when the possibility for a compensatory or collateral yielding to the excessive pressure is made difficult by other disturbances (such as intracranial excess of pressure, hyperæmia in the brain, etc.), but also by the very same cause the reception of sound waves and the oscillatory capacity of the intralabyrinthal apparatus must necessarily be lessened.

(d). That it may be admitted that by the concurrence of all these causes a very great decrease in the faculty of hearing must gradually be developed, while at the same time, in consequence of the irritations by intralabyrinthal pressure and of the obstruction of circulation, subjective noises in the ear, and symptoms of dizziness are noticed. This may *e.g.* be illustrated by cases in which the cavity of the tympanum is exposed and only the stapes is preserved; if a pressure is exerted upon the head of the stapes by means of a blunt probe, the patients immediately complain of noises in the ear which previously did not exist, and also in cases of considerable congestion, or dizziness.

(e). That, finally, it is probable, as I think it is, that an immovableness of the bones of the ear which is permanently sustained by an active or passive tension or shortening of the tensor tympani, may furnish the only or accessory cause not only for the ankylosis of the articular connections of the bones of the ear, but also, on account of the simultaneous permanent pressure of the stapes into the fenestra ovalis, on account of the continuous, locally sustained irritation of pressure and of a superinduced sectional afflux of fluids and obstructed communications, for the vascular anastomoses, mediated

by the membrane of the fenestra ovalis, for the development of a synostosis (synostosis) in the connection between the stapes and vestibule (especially with predisposed gouty or rheumatic individuals).

Secondly. That on the other hand the observation of patients, especially those submitted to post-mortem examination, shows that the tensor tympani muscle may be completely inactive, atrophied, in a state of fatty degeneration, and that with the ulcerative destruction of the membrana tympani and of the bones of the ear, even its tendinous terminus may be completely lost, and yet, provided only the stapes still exist and is movable, the function of hearing may be preserved in a degree sufficient for intercourse (the hearing being preserved for two inches, the normal hearing-distance being forty).

This would show that the principal perceptible functions of the tensor tympani commence only at a certain "quale et quantum" of the requisition made upon the organ of hearing; and experience further shows that even in spite of an accidental single injury and destruction, produced by the penetration of foreign bodies into the tympanum, a subsequent appropriate treatment may prevent the occurrence of dangerous, inflammatory symptoms of reaction principally by the prophylactic inner application of oleum terebinthinæ.

That, finally, the preliminary experiments in the performance of tenotomy of the musculus tensor tympani on a dead body enable us to find a *modus operandi* by means of which the cutting of the tendon of the tensor can be done without touching other important formations of the tympanum, without luxation of the bones of the ear, especially without tearing the stapes from the fenestra ovalis. Hence it seems permitted to try the tenotomy of the tensor tympani in the *first* place for all those cases of progressive disturbances of hearing which show besides violent subjective noises in the ear (as symptoms of exciting irritations of intralabyrinthal pressure and disturbed circulation), with and without additional symptoms of dizziness, already a high-graded difficulty of hearing, and in which all therapeutic methods have proved inefficient against the progress of deafness and against the increase of confused noises in the ear, so that the complete loss of the functions of hearing is to be apprehended.

Further, in those cases which show among other objective symptoms, those of an abnormally strong, inward umbilical contraction of the membrana tympani (the marked signs of increased tension and lessened mobility of the membrane may possibly be due to a concurrent intestinal atrophy, etc., of the membrane), and of a more considerable retraction, fixation and axial rotation of the malleus, and in which accordingly also the anterior portion of the membrana tympani stands back from the sharply projecting edge of the handle of the malleus and is immovable.

The abovementioned and similar formations of the membrana tympani can self-evidently also result from other tympanal and intratympanal alterations (i.e. from adhesive solderings in the vicinity of or around the tensor-tendon), just as on the other hand the well-known *subjective* symptoms may also owe their first origin to other anatomical alterations than the retraction of the tendon of the tensor (e.g. primary or secondary, central or peripheral neuroses of the middle ear, lesions of the trigeminus, vagus, glossus-pharyngus, facial and sympathetic; peripheral or central lesions of the acoustic nerve; and in a narrower sense, prevention of the entrance of air in the tympanic cavity by insufficiency of the muscles of the Eustachian tube, which depends upon inflammation of the mucous membrane covering it; adhesive connections, especially such as involve the stapes, etc).

But, however this may be, and even if in cases no more developed retraction of the tendon of the tensor exists as the essential cause for the gravity and the progress of the symptoms, all this does not counteract the supposition that if by the cutting of the tendon of the tensor tympani only *one* factor which acts as a *principally* *nocent* one, either primarily existing, or secondarily added, but under all circumstances more or less active, be removed from the series of causes on which the tympanal and intra-auricular hypertension depends, and if thereby to a certain degree the solidarity of anomalies which unitedly affect one point is broken; there is a probability of an improving reaction upon the further development of the pathological process.

If e.g. the case at issue involved only a chronically increased pressure in the labyrinth in consequence of a paralysis of the affected ramifications of vasomotory nerves

with a relative intactness of the tympanal formations, even the tenotomy of a tensor tympani which is in a state of tension not at all abnormal might exert a favorable reaction upon the intralabyrinthal obstructions, and especially for this reason—that the “overfilled” labyrinth (if I may use this expression) would be temporarily freed from the pressure permanently exerted upon it and now to be considered as anomalous, and from the crowding upon it of sound waves from the direction of the fenestra ovalis, which steadily irritate it, thus furnishing an opportunity for an easier compensatory excursion of the membranes of the fenestra labyrinthi; moreover, might not, after a tenotomy of the tensor tympani, other than these merely mechanical movements come into consideration as aiding the problematical therapeutic effect? I recall here the therapeutic results furnished by operations for strabismus which were formerly claimed as “dynamic” therapeutic effects of tenotomy (because not recognized in their mere anatomical connection) and were not *a priori* anticipated. At any rate the direct operative interference with the disturbed relations of the nerves of the middle ear and of the organic parts provided for by them, might produce an advantage that outweighs the disadvantage involved in the terminal phase of the pathological process when left to itself, viz. complete deafness, or a condition even more unbearable, such as constant noises in the ear, depriving the patient of rest by day and night, and apt to drive him to despondency.

From these points of view I thought the anticipation of a therapeutic method which might otherwise perhaps only after the lapse of decades rise as the mature result of most laborious anatomical and physiological investigations, would no longer be called a “remedium anceps,” and would at any rate be “*melius quam nullum*,” and then, might not in all possibility, nay probability, the experiences derived from the further developed operations of tenotomy help to bring many a gordian knot of apparently inextricable physiological problems nearer its solution?

According to my presuppositions those cases seemed to me above all necessarily to involve the most favorable chances for the tenotomy of the tensor tympani, where that diagnostic manipulation which counteracts the anomalously increased tension of the

tensor, viz. a vigorous but cautiously applied rarification of air (for the purpose of drawing the membrana tympani with the series of bones of the ear outwardly), would produce only a temporary, to be sure, but a positive improvement of the subjective symptoms. For from this it could be inferred that this or any condition of the membrana tympani in which it is drawn inwardly and in a state of high tension, the excessive pressure which the series of bones by means of the stapelial plate necessarily exerts upon the labyrinth, forms the most essential cause of the excessively increased subjective symptoms, and furthermore, that far advanced intratympanal and intralabyrinthal alterations cannot yet be spoken of, and indeed among the tenotomies performed by me, I found just this prognostic support most generally correct. Favorable therapeutic results were also produced, especially in those cases which exhibited constant or transitory symptoms of dizziness; inasmuch as even when in other respects no lasting favorable result was produced, these symptoms of dizziness in *all* cases absolutely disappeared (with only one exception, when with the use of quinine after the lapse of one-half year temporary dizziness recurred). This is so much the more striking for those cases when only one ear was operated, while the other ear continued to offer the symptoms of noises in the ear and highly increased difficulty of hearing. But tenotomy proved also beneficial, as might be supposed, in such cases where a retraction of the tendon of the tensor did not seem to furnish the principal medium for the increased intra-auricular pressure in accordance with the symptoms of the membrana tympani. With hysterical ladies and those who showed symptoms of spinal irritation, the operation produced the least results.

Having now practiced tenotomy during three years (with large intervals) only against the most advanced progressive disturbances of the kind mentioned before, and having learned by experience that the operation, when skillfully performed, can produce no harm, or at least no greater injury than the evil against which it is intended, I felt justified in trying its application with the greater skill I had acquired in the technical part of the operation, in cases of even less advanced disturbances.

I cannot express to my professional col-



leagues the gratification and joy which the striking results of this procedure gave me, although I have thus far tried it only with a few persons.

(To be Continued.)

### CREDULITY AND SCIENCE.

By T. D. CROTHERS, M. D.,  
Of Albany, N. Y.

The following rather sickening narrative is going the rounds of the press, and although it does not call forth many comments, it has been the subject of a curious discussion by a medical society of very respectable practitioners. We give the incident entire, and believe it appeared first in the *Auburn Bulletin*, Auburn, N. Y.:-

"On Monday last, while the workmen on the Cayuga Lake Railroad were blasting rocks near Willett's Point, three miles above Aurora, one of the charges failed to explode at the expected moment. Accordingly, a laborer, whose name we are unable to state, ran to examine the fuse, when, just as he reached it, the explosion took place, and he was crushed between two immense masses of the fractured rock, which were thrown up by the blast and then settled back, wedging his lower limbs between them.

"His position was such that, while his body was above the fissure thus created, his hips and legs were crushed to about the thickness of two hands laid palm to palm. In this horrible trap, composed of tons and tons of solid rock, the unfortunate man suffered excruciating torture, and implored his horrified companions to kill him at once, and thus put him out of his misery.

"Release from the awful position was impossible, and even could he by any means have been removed, his injuries would necessarily have resulted fatally. But no human power could roll back the ponderous masses that crushed him there, and there was no alternative but final death.

"The poor sufferer's appeals were piteous to hear, and a physician was summoned from Northville, three miles distant, in the vain hope that some means might be exerted to render him aid. In the meantime the agonizing prayer that some one would put an end to his sufferings by death, were continued.

"Upon arrival of the doctor the poor fel-

low's fate was decided as sealed; and as an act of mercy an artery was opened, and his life welled out with the flow of his blood until death released him from suffering.

"It was then found necessary to blast the rocks in order to remove the body, which was effected, when the crushed remains were recovered and prepared for burial."

In the discussion, the truth of this narrative, as a whole, was not considered. The questions on which the members took issue were, How long could a man live with his hips and legs crushed to the thickness of two hands laid palm to palm? And if so crushed, would sensation remain long enough to produce great suffering? Would a physician ever be justified in opening an artery, causing death, as an act of mercy?

On the first question, How long could a man live in this crushed condition? the general opinion was that such injuries were not necessarily fatal at once. In some cases recited, life had been prolonged for several hours, and in others death had followed at once. A minority believed that any injury extending above the joints, of the nature described above, would always be fatal; that the cases not so were rare exceptions.

The second question, Would sensation remain after such an injury? was debated at length. Many of the members thought that all extensive injuries of the large nerves, and the sacral plexus of the lower extremities, would destroy sensation and vitality within a few minutes. Others affirmed that this was not the necessary sequence, and that in the above case it was not extraordinary that sensation remained for hours. Several instances were detailed which seemed to prove both sides.

On the last question, Would a physician be justified in opening an artery on such an occasion? it was unanimously agreed that no circumstance would warrant such a course, but that in some cases narcotics might be given, but always at the peril of the physician's reputation. And so the discussion ended.

It is needless to say that this highly sensational case looks very much like a pure fiction. If otherwise, we should have details, or some statements from the physician, who lives at Northville. The obscurity of this case is suspicious, and yet many excellent men believe it correct, literally and scientifically.

## HOSPITAL REPORTS.

## PENNSYLVANIA HOSPITAL.

CLINICAL LECTURE ON THE TREATMENT OF DIABETES, BY J. M. DaCOSTA, M. D.

Professor of the Practice of Medicine in the Jefferson Medical College.

[REPORTED BY RALPH M. TOWNSEND, M. D.]

February 1st, 1873;

GENTLEMEN—This boy was admitted into the hospital, Dec. 26th, 1872. He is seventeen years of age and has followed the trade of a lithographer. His mother died after parturition. He has a brother and two sisters alive and healthy. Five years ago our patient had small-pox, and since that time he thinks he has been overworked, having been obliged to carry large stones, used in his business and weighing from sixty to seventy pounds, long distances. He has felt badly for about three months, suffering with headache. About a week after the commencement of the latter he began to pass his water two or three times during the night, but he does not think he passed more than ordinarily.

Two months ago he began to be very thirsty and to pass more water than when he was well. He also commenced to lose flesh, becoming reduced from 113 to 86 pounds in eight weeks. His appetite, however, has remained good. He would eat everything that came in his way, rendering it impossible to keep him upon any one kind of diet. On admission into the hospital he was pale and thin, and the face wore an anxious expression. The hands and skin were cool, but very dry; the tongue red and moist. He has had no cough, no difficulty in swallowing, and no vomiting. His bowels were constipated, and he passed water frequently during the day and about six times at night. The following notes I read from the record of my assistant, Dr. Meigs.

Dec. 27th. Pulse 96, respirations 16, temperature 98.5°F. Urine acid, s. g. 1040. Amount of urine passed in the 24 hours, 3192 (six quarts); 13 grs. of sugar are contained in each fluid-ounce of urine; 2496 grs. in the 24 hours. He was ordered a strict meat diet.

Dec. 28th. Morning, pulse 70, respirations 16, temperature 98°F. Evening, pulse 84, respirations 16, temperature 98.5°F.

Dec. 29th. Pulse 70, respirations 18, temperature 97.5°F.

Dec. 31st. Urine acid, s. g. 1035, seven pints and two fluid-ounces passed in the twenty-four hours. Urine still contains abundance of sugar. Ordered ten grains of the carbonate of ammonia every four hours.

Jan. 6th. The dose of carbonate of ammonia ordered to be doubled.

Jan. 9th. Urine acid, s. g. 1040; contains sugar; nine pints and twelve fluid-ounces passed in 24 hours.

Jan. 14th. Urine acid, s. g. 1040; contains sugar; eleven pints and six fluid-ounces passed in the 24 hours.

Jan. 15th. Carbonate of ammonia stopped, and the patient ordered ten minims of the liq. ferri subsulph. every four hours.

Jan. 21st. Iron increased to twenty minims. The patient had a slight diarrhoea, three or four stools daily, the day after he first took the iron, but it was checked by two drachms of paregoric.

Jan. 23d. He complains of pain in the abdomen. Urine acid, s. g. 1038; contains sugar; nine quarts passed in the twenty-four hours.

Jan. 31st. In the last twenty-four hours he has passed but 128 oz. of urine, containing the same amount of sugar to the ounce as previously. He is not as thirsty as he was. Examination of the eye with the ophthalmoscope reveals no evidence of disease of the retina. Undoubtedly our patient has improved under his treatment. He has lost the haggard look; the lips have a better color, the skin feels softer, and the urine has been reduced to an average of 144 ounces daily.

Before making further remarks upon the treatment of this affection, I will show you the tests by which we have ascertained, beyond doubt, the presence of sugar in the urine. We have here a test solution which is made by adding 90½ grains of the sulphate of copper, 364 grains of the tartrate of potassa, four ounces of solution of soda, s. g. 1012, to six fluid-ounces of distilled water. We introduce a small amount of this solution into a test tube and boil it slightly. Then we add a portion of urine, and if it contains sugar you will see the solution, as it has already done in this case, losing its bluish color and turning yellowish-red.

A second method of detecting sugar is known as the bismuth test. We introduce into a test tube a solution of sub-nitrate of bismuth and urine. A whitish liquid is the result. An equal amount of liquor potassa is now added and the solution is boiled. If sugar be present the bismuth is reduced to a sub-oxide, and the solution under the continued boiling first becomes discolored, then brown, and finally actually black. Such is the case here. This test is comparatively but little known. I have used it, however, for years, and become very partial to it, as one of the best we possess.

I will reserve for some other occasion some remarks on the symptomatology and pathology of this affection, merely touching upon so much of either, this morning, as bear upon the treatment, the latter being that which I the more particularly wish to discuss.

The accumulation of sugar in the blood stimulates the kidneys, and thus gives rise to the increased secretion. It also gives rise to the thirst and dry skin. When we turn to the treatment it will be important to remember that the blood is so full of sugar, and that all the secretions are vitiated by it, and that it is in part eliminated with that of the kidney. Is

there anything by which we can control this sugar formation in the body, be it formed either in the liver, or as a result of defective nutrition? I have tried belladonna, but without much effect, except that it tends to relieve the constipation. Neither have I derived any benefit from the use of strychnia nor bromide of potassium. The latter I used early, when first the bromides were spoken of. I have since seen that they have been tried by distinguished physicians, and some good effects have been reported. Again I tried them, but only with the effect of corroborating my first experience. These articles, as you may infer, act particularly upon the nervous system.

If we have no direct means by which we can prevent this formation of sugar, how can we prevent its accumulation? By forbidding the use of those articles, as food, which contain sugar, or which contain a substance, like starch, which is afterwards transformed into sugar. We place our patient as much as possible on a meat diet; we allow him green vegetables, but we tell him potatoes are very injurious to him; so, likewise, are peas. With reference to the use of bread comes the real difficulty. I have had many a warm discussion with patients on this subject, and it is difficult to make them obey. They would rather eat bread, even if they are made worse by it. Many attempts have been made to find a substitute for bread, but I cannot say that they have been very successful. We have the bran cake, the gluten bread, made in its perfection by the French, and the almond bread. Toasting the bread is of some benefit, as the charring process destroys some of the starchy material.

Regarding stimulants my experience is that, as a rule, patients do better without them. At all events let them avoid the use of wines containing sugar. If your patient should happen to be weak he may drink a little sherry and water, or brandy and water, avoiding port and champagne.

Let the patient have tea or coffee, but without sugar. An acceptable way, to some, of sweetening coffee, is by adding pure glycerine, the latter not being objectionable as interfering with the treatment of the disease. With reference to milk, it contains sugar, but is not as objectionable to a diabetic as you might, on theoretical grounds, suppose. In fact, within the last year or two the skimmed-milk treatment has come into play in the treatment of this disease. I have before me the notes of a case thus treated, which case I found in the hospital wards. The patient, a man, was allowed three quarts of skimmed milk daily; soup, with the fat removed; and, occasionally, a piece of brown bread. In addition he was given one-half drachm of lactic acid three times daily. On this treatment he at first improved, and the urine was reduced from 224 to 171 ounces, and finally to 80 ounces in the twenty-four hours. Its s. g. was 1034. Then the milk was increased to five quarts per diem, but soon after the urine again increased to 188 ounces during

the day, each ounce containing thirteen grains of sugar. Soon after this last note was taken the case terminated fatally. The man had, for a day or two, been taken off all treatment, to see how his case stood before other agents were resorted to. In this interval he became dull, comatose, and finally died, like many of these cases, from an effusion of serum into the brain.

I have given you the notes of this case simply to show you that, at least for a time, a diet of milk may do good. There are other means which will afford much relief. Baths do good. The free use of cold water and the Turkish baths have a beneficial influence upon the skin. Also let the patient drink freely of water. Sometimes it would not be judicious to supply him with the full amount he craves, and in these cases of excessive thirst we can, to blunt it, administer infusion of cascarrilla, cream of tartar, or let the patient suck small pieces of ice. Still he will have water, and it is much better to gratify him than to run the risk of having the sugar accumulate in the blood and give rise to cerebral symptoms.

An occasional purgative is also necessary. Pepsin and rennet have also been largely lauded in the treatment of this affection. I have employed these, but I cannot say with anything like advantage. Nor can I speak favorably of the permanganate of potassa.

There is a plan of treatment, however, of which we can speak with greater confidence, viz.: opium. This is an old form of treatment revived. I remember, years since, a distressing case of diabetes, where the patient enjoyed great comfort for nine months, from the administration of a grain of solid opium three times daily. The case ultimately terminated, as many do, by the development of phthisis.

The disadvantage of this remedy is that its constitutional influence is apt to be developed, drowsiness, etc.; and we may have the habit of opium eating a result. Again, while restraining the flow of urine, opium checks the action of the bowels, thus aggravating the constipation that is constantly encountered in this disease.

Another form of treatment is by carbolic acid. Of this I have nothing favorable to record. Our patient has been taking iron, in the shape of Monsel's solution. That he has improved is visible, and this improvement is likely to continue. In truth I have had very good results from this agent, especially when conjoined to a diet moderately restricted. I first employed tincture of the chloride of iron, but in the last few years I have used Monsel's solution, the liquor ferri subsulphatis, and have found it, I think, even more effectual. This boy commenced with the use of five minims, which has now been increased to ten, four times daily. I would recommend this treatment, remembering to give it in sufficiently large doses, and to continue its use long enough.

Alkalies I also know to be good. The carbonates of soda and ammonia, or any substances

that act as alkalis when introduced into the system, have an unquestioned influence on this disorder. So have mineral waters, as the Vichy, and those from the Karlsbad springs, in Bohemia. The latter alkaline wells have an enormous reputation in the treatment of diabetes, and from having sent patients there I think their reputation is deserved.

Regarding this alkaline treatment I may tell you that I had a case in which a patient was passing gallons of water, and was rapidly melting away, but who now, after a

lapse of three years, is still alive and in fine health. The quantity of water he passes is not more than one-quarter of what it was when he placed himself under treatment. This result was due to the persistent use of the carbonate of potassa, alternated, occasionally, with Monsel's solution.

I have now given you a condensed lecture from personal observation. It only remains for me to say that in individual cases you may first give one of these remedies a fair trial, and if it does not succeed—try another.

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## EDITORIAL DEPARTMENT.

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### PERISCOPE.

#### On Vaccinal Syphilis.

This important topic was the theme of a recent paper by the well-known surgeon, Mr. CURLING, before the Royal Medico-Chirurgical Society. In conclusion, after citing cases, he asked:—What are we to infer from the circumstance that, when syphilis is conveyed in the practice of vaccination, it does not affect all those vaccinated from the tainted source? He answered: We must believe that the specific poison of syphilis is either not contained in the vaccine lymph at all, or is not equally diffused through it. Thus, in the first series of cases, two out of twelve vaccinated escaped syphilis; in the second series, out of about twenty-six vaccinated, more than half escaped; while in the third and fourth series only one out of at least twelve vaccinated from each vacciner was known to have been syphilized. It must be borne in mind, however, that the last two series had purposely not been followed up exhaustively, and that the proportion tainted with syphilis was not improbably greater than appeared at present. Again, from the evidence of these series of cases there was no doubt that one might vaccinate from a tainted vacciner without conveying syphilis; and, on the other hand, it was possible to convey syphilis either with or without the production of a normal vaccine vesicle. Vaccination from a child evidently syphilitic was known to have been done inadvertently several times without bad result, and probably it had often occurred without being known. These points of clinical evidence made it highly probable that the syphilitic virus was not contained in the vaccine virus, but was derived from, or associated with, some cell-elements of the blood, and probably these need not be visibly red. This was confirmed by experi-

mental evidence, for syphilis had been successfully produced by inoculating the blood of a patient in the secondary stage, and in the case referred to, the dates, etc., agreed closely with those observed in the author's series. Need blood be used in vaccination in order to convey syphilis? The author thought that probably it was enough if the material used had been mixed with colorless exudation from the blood, as occurred when the vaccine vesicle was allowed to drain, in order to furnish more lymph. This was confirmed by the fact that the vaccinators in the cases in question, asserted that they always scrupulously avoided making the vesicle bleed; in none of the instances was there any history that the lymph was visibly bloody; while it was well known that many men of large experience allowed the vaccine vesicle to weep. According to this supposition, as soon as the first contents of the vesicle was exhausted, the risk began. Third: If the syphilitic virus and the vaccine virus be implanted at one and the same time, what will be the course of events? If the patient be susceptible of vaccination, the vesicle goes through its usual phases and heals, and nothing more happens till the end of a month, when the scar indurates and the chancre forms. In some cases, however, the vaccination sore never heals, and in these the scab somewhat obscures the characters of the chancre.

#### CHARACTERS OF THE VACCINATION CHANCRE.

It begins as a little red, firm, glossy tubercle, which gradually increases in size, and becomes harder. In about a fortnight it usually ulcerates, the sore giving off but very little discharge, and with a hard base and edges. If no mercury be given it may remain open several months; in one case it probably became almost phagedenic. Sometimes there is from the first a good deal of inflammatory effusion at the base of the sore, and much purulent secretion and scab on its surface; its specific characters may



be thus quite hidden. These cases are generally in children.

#### TREATMENT OF THE VACCINATION CHANCER.

Mr. Hutchinson felt no doubt that, should a vaccination-scar take on the induration characteristic of a chancre, and should the other facts of the case corroborate the suspicion, it was the surgeon's duty without delay to commence the administration of mercury. The influence of mercury in retarding and greatly diminishing the severity of the primary and secondary symptoms was most marked in all those cases which came under care at an early period (sixth week), as in the first series. Indeed, in this series the eruption was so retarded as to induce skepticism in not a few minds as to the correctness of the diagnosis; several of them, however, from five to seven months after vaccination, had undoubted, though mild, secondary symptoms. In the second and remaining series of cases, however, the disease was not discovered until much later, and most of them suffered very severely from secondary symptoms, the last two cases (third and fourth series) particularly so. As regarded tertiary symptoms, it was as yet too early to say anything.

As regarded *prevention*, Mr. Hutchinson thought it of the first importance to diffuse widely among the profession the knowledge that vaccination-syphilis was possible. It was important next to avoid vaccination from children whose parents were not known to the vaccinator; and further, to decline, for the most part, using all first-born children, waiting until, by the development of one healthy child, a guarantee of freedom from taint on the part of the parents had been given. Lastly, the avoidance of blood-stained lymph and of recent exudation from the walls of the vesicle was a sufficiently obvious precaution, and needed no further mention.

#### The Varieties of Phthisis.

On this subject Dr. ROBERT SOUTHEY concludes an article in the *British Medical Journal* as follows:—

One great difficulty in the classification of kinds of phthisis upon its morbid anatomy is, that this is really little known. I speak, of course, of the very early stages. If a patient die by accident, or after short illness, and some slight pneumonic infarctions be found in his lungs, it is very inconclusive reasoning to avow that these were the early seeds of a phthisis which he might have developed had he lived longer. Quite equally illogical is the deduction drawn from one or two cases of persons dying during pulmonary hemorrhage, and in whose lungs blood-infarcts are discovered, that phthisis is the result of hæmoptysis.

I should be afraid to say at how many *post-mortem* examinations upon the bodies of persons who have died presumably of phthisis, it has been my lot to attend; but

in no single instance have I ever seen any evidence of the origin of the disease from blood-clots drawn into and softening in the air-cells. On the other hand, I have seen appearances the result of lung-embolism, stasis, and extravasation of blood, with degeneration and softening of tissue, and formation of small abscesses, as well as cases of pulmonary apoplexy, either of which may have suggested to Niemeyer his theory of the origin of certain forms of phthisis *ab hæmoptoe*.

In conclusion, accept this as my definition of what I understand by phthisis: a progressive lung-degeneration, beginning differently, but about whose modes of origin little is known certainly, in its progress limited to no one lung-element, and attended by febrile disturbance and general constitutional complications.

Important facts for you to bear in mind about phthisis are, then, that the tubercle-growth may be engrafted upon chronic lung-consolidations of various origins. Thus there is no form of phthisis which may not present this histological element as a complication; and there are forms of lung-degeneration in which this is the principal, if not the sole feature. But for these last, I should prefer the name acute tuberculosis of the lungs, to phthisis.

Now, of the disease defined by me, the varieties will not be many. Cirrhosis, brown induration, unilateral chronic pneumonia, amyloid disease, must be excluded.

To justify the separation of one form of phthisis from another, we must demand clear clinical distinctions. The cases must be different throughout, from commencement to termination, distinguishable by symptoms, by course, by history, by duration, by issue, by amenability to treatment. Try them by this touchstone, and tell me if you can distinguish between a catarrhal and an epithelial phthisis, between an embolic and a hemorrhagic, between a bronchopneumonic and a lobular pneumonic; if you can separate phthisis with recurrent hæmoptysis from scrofulous phthisis, a tuberculo-pneumonic phthisis from a tuberculo-fibroid, a syphilitic from a drunkard's phthisis; for I cannot. And let me warn you against establishing separate varieties upon theoretical grounds that will not bear probing. The only three species or kinds of phthisis which I find it in my practice useful to distinguish from each other are: first, embolic or septicæmic phthisis; second, ordinary or scrofulous phthisis; third, foreign body phthisis. And these are all influenced in their course and progress by the gravity of the original lesion, by the abiding or temporary nature of the exciting causes, and by the habit of body and temperament, the constitution, in one word, of the individual attacked. If these forms have existence at all, and really be unlike each other in etiology and pathology, we shall not have occasion to seek far and wide for typical examples of them, but will see them daily.

## REVIEWS AND BOOK NOTICES.

## NOTES ON CURRENT MEDICAL LITERATURE.

—The following work is announced to be ready about March 15th:—*Clinical Lectures on Various Important Diseases*; being a collection of the Clinical Lectures delivered in the medical wards of Mercy Hospital, Chicago. By Nathan S. Davis, A. M., M. D., Professor of Principles and Practice of Medicine, and Clinical Medicine, in Chicago Medical College. Edited by Frank H. Davis, M. D. Chicago, J. J. Spalding & Co.

—Several new medical journals have appeared in Europe. "*La Lucania Medica*" is the name of a monthly periodical, the first number of which appeared last month. It is published at Potenza, in the province of Basilicata, in South Italy, and derives its title from the ancient name of the province. A new journal of odontology has appeared in Madrid. It is called the *Revista Odontalgica*, i. e. *Toothache Review*. A quarterly devoted to Obstetrics and Gynecology is projected in England, to commence April 1.

—It is proposed to establish the *Charleston Medical Journal*, quarterly, 80 pp., 8vo, \$3.00 a year, Dr. F. P. PORCHER, editor, if a sufficient number of subscribers can be secured.

—At Williamsport, Pa., Drs. THOS. H. HELSEY and THOS. F. MAYs announce the *Popular Journal of Physical and Mental Hygiene*. It will contain twenty-four pages of reading matter, and will be published monthly, the first number appearing April 1st, 1873. Terms, \$2.00 a year. Its pages will be devoted to upholding the claims of legitimate and rational medicine, by warning the public against the evils and dangers of the misapplication of medicinal agents, and the bold pretensions of empirics, charlatans and quacks.

—The first volume of the new census will be ready this month, and the two others will follow soon afterwards. This report will contain several carefully prepared maps, those in the first volume showing the destiny, intelligence, and extraction of the country's inhabitants. One of them also denotes the changes which have been made in the boundaries. The second volume con-

tains maps in which is designated the comparative mortality of the different parts of the country and the seat of endemic diseases, besides meteorological charts, while those of the third volume show the various crops and products of the country. These maps and other distinguishing features of the last census make it more valuable than any former report.

—Mr. GALTON, lately Lecturer on Comparative Anatomy at the Charing Cross Hospital, is preparing a translation of Ecker's monograph on the *Anatomy and Topography of the Brain*, with a full bibliography.

—J. & A. CHURCHILL have just published the first part of Dr. Parkin's "*Epidemiology: or, The Remote Cause of Epidemic Diseases in the Animal and in the Vegetable Creation*," treating of: 1. The Doctrine of Contagion; 2. Modern Theories; 3. The Propagation of Cholera; 4. Epizootics.

—Henry C. Lea announces Taylor's "*Medical Jurisprudence*," new edition; Bloxam's "*Chemistry, Inorganic and Organic*;" Kirke's "*Physiology*," new Am. edition from 8th London edition; Barnes on Diseases of Women, and Fox on Diseases of the Stomach. The whole of these are reprints of English works.

## BOOK NOTICES.

First Annual Report of the Board of Health, of the District of Columbia, 1872. pp. 198.

Reports of Health Boards are useful, and their increasing frequency argues well for the general interest in hygiene. The Board of Health of the District of Columbia contains several members whose names prejudice us (as they would most regular physicians) against the board. We cannot understand how advertising quacks, homœopaths and regular physicians can work harmoniously together. Evidently they manage those things differently in Washington.

Several of the inspectors have, however, done good work, especially in the prevention of small-pox. Their statistics are carefully compiled. Were the Report of about one-fourth its size, nothing need have been omitted which it was worth while to print, and reference would have been facilitated.

## MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, MARCH 15, 1873.

E. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Societies and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief as possible to do justice to the subject, and carefully prepared*, so as to require little revision.

☞ Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

## THE JEFFERSON MEDICAL COLLEGE HOSPITAL.

There is now on foot a project to erect a new hospital in connection with the Jefferson Medical College. The Legislature of Pennsylvania has been asked to contribute one hundred thousand dollars, provided the friends of the College, by private subscription, raise a like amount. This matter has already been brought before the Senate, and the bill has been referred to the Finance Committee.

It is impossible for us to write with sufficient force to express our approval of this project. That it is one demanded by the present course and tenor of medical teaching is self-evident. Every medical school of note depends largely for its success upon the character of its clinics, and it is impossible to collect and retain clinical material without the medium of the hospital.

To-day the Jefferson Medical College, as shown by statistics, has a larger number of living graduates than any other medical college in this country, and it is to this large class that we now especially address our remarks, as by their united action they can place the success of this new enterprise beyond a doubt. Alumni resident within the limits

of Pennsylvania can immensely aid the measure by waiting upon the members of the Legislature from their several districts, and placing the merits of the case squarely before them. That the hospital is intended in every sense to be a State charity can be easily verified by reference to the various clinical records of the College. There is not a section of the State that has not sent one or more patients to the college clinic, where they have been treated *free of all charge*. The fees alone for operations performed, had the patients been in the higher walks of life, would have erected a hospital of enormous size, and endowed it for all future years. The college faculty, however, not content with their past benefactions, have contributed, individually, from a thousand dollars upwards, towards the construction of the hospital, and when it is remembered that the majority of them have passed the bounds of middle age their generosity can be ascribed to no selfish ends.

The alumni of the school resident in this city have formed themselves into an executive committee, which they are now extending so as to embrace at least one member in each county of every State. If the members so selected will put themselves in active communication with their brother practitioners, and start subscription lists, the enterprise will receive all needed stimulus. It may be that there are physicians whose means are too limited to allow them to subscribe, but it is doubtful if there is a physician who has not among his patients at least one liberal-minded man, who, having the case fairly stated to him, will not contribute generously.

The success of every alumni is yet and ever will be allied closely with that of his alma mater. Elevate the tone of the college, increase its facilities, enlarge its opportunities, and it will not only be more beneficial to present students, but like an illustrious ancestor, will lend the touch of its fame to all who sprang from it.

## NOTES AND COMMENTS.

## The Result of "Normal Ovariectomy."

A respected correspondent in Georgia writes us about Dr. BATTY's operation, in which he extirpated the ovaries for painful menstruation (see REPORTER, vol. xvii, p. 396).

"The operation performed by Dr. Batty is a failure. The menstrual molimen and sanguineous discharge, with great suffering, still occur monthly."

This is what we predicted as probable at the time of our notice.

## Syphilis from Secondary Sores.

A correspondent in Mobile writes us:—

"In your journal of Feb. 15, 1873, vol. 28, page 164, you mention a case of syphilis from a lozenge. I have had a well marked case of syphilis to occur in a boy ten years old from sleeping in the same bed with his brother, a young man, who had a secondary syphilitic eruption. The boy went through the primary and secondary syphilis, with chancres, and the eruption, and loss of hair. After mercurial treatment the symptoms all disappeared, and the boy, four years afterwards, was accidentally killed."

## Xylol.

We are told that xylol is a useful remedy in small-pox, and that its preparations have virtue as a local application as a styptic and antiseptic. But here comes Dr. D. M. WALSHE, of Baltimore, in a communication to the Chief of Police of Memphis, Tenn. (why not to the authorities of Baltimore and other cities as well?), and says "it is being used for the purposes of robbery and murder!"

"The mode of application is by mixing it with the feathers in the pillow, and, when the warmth of the head is applied to it, it gives off vapors similar in effect to the fumes of charcoal, and the person using it is found dead in the morning, which gives the monsters who apply the drug ample opportunity to possess themselves of the property of their victims, and otherwise dispose of their remains."

The doctor speaks by the card, for the villainous stuff was tried on him by a villainous German Jew, who inveigled the doctor into sleeping in his house! But thanks to a kind Providence, the proposed victim was proof against xylol, and survived to reveal the horrible plot and warn us against xylol! But where is that German Jew? Is he left to practice on more susceptible subjects?

## Effect of Climate on Wounds.

Dr. FALK, of Berlin, has recently shown that certain regions appear especially favorable to the healing of wounds, viz.: In Africa, Egypt, Tunis, Algiers, and certain parts of the west coast and of the south; in Asia, the slopes of the Himalaya, and Bengal; in America, California, Guiana, and Brazil; in Australia, certain parts of the main-land, and some of the neighboring islands. This favorable condition Dr. Falk believes to depend less on race than on climatic circumstances; but what these circumstances are, it is difficult to say. Uniformity of temperature, dryness of the air, and elevation, are important elements. The sanitary reports of the British army show that pyæmia and septicæmia are less and less frequent towards the tropics, and are entirely absent under the equator.

## Changes of Color in the Hair.

Mr. E. WILSON showed recently, at the Medical Society of London, two locks of hair, one white and one black: A lady, aged 37, while pregnant, had a shock, after which all her hair fell off, and she became bald for a year. Her hair then came again, but was quite white, and remained so three years. Ultimately it became dark again, and even blacker than before. The influence of the nervous system was well known. Perhaps, in this case, the change was intensified by pregnancy, in which condition the tissues are subject to important changes. It differed from cases of hereditary baldness. The eyebrows and lashes were not white. He mentioned a specimen in which the hair was brown and white in equal segments. It was inferred that the brown was grown in the day and the white in the night.

## Lead Poisoning by a Minie Ball.

A curious case of lead poisoning is reported from Portland, Me. The patient in whom the symptoms appeared was wounded in the thigh by a Minie ball at the battle of the Wilderness, in 1864, and the bullet could not be found at the time. He has suffered somewhat ever since. A surgical examination was made, which resulted in the discovery of the ball in the thigh. The bullet was incased in a bony substance about the size of a goose's egg, the shell of which was one-fourth of an inch thick. The bullet



had been tumbling about in this cavity for eight years, and become worn and polished as smoothly as though it had been done on an emery wheel. Sufficient amount of the lead, however, had permeated the encasing and entered the system to produce lead poisoning, which would have proved fatal in a short time but for the timely relief afforded.

#### Suit for Non-Vaccination.

In the account of the suit brought for damages for alleged neglect of vaccination, reported in this journal for March 1st, we fear we unwittingly did not do Dr. ZOLLER justice. Our account was taken from a city daily. The defendant himself writes us that while vaccinating Mr. Steffen's family, he was requested by a stranger coming in the room, to vaccinate her baby present. The vaccination took successfully with Mrs. Steffen and her oldest child; whereas about two months afterwards defendant was informed by this stranger of the failure of vaccination with her baby. She was told that revaccination should be performed as soon as reliable virus could be secured, and called twice again in the course of ten days, in the physician's office; but the great demand for vaccination, exceeded the sufficient possession of virus. The child got variola very severely and died. All other collateral remarks are entirely *untruthful*. No neglect of care could be charged to a conscientious physician in this case and in such time.

#### Manual Exploration of the Rectum.

Dr. Gustav Simon, Professor of Surgery in Heidelberg, practices a method of exploring the Rectum and the adjacent organs by introducing the whole hand and part of the forearm, the patient being deeply narcotized. In children, two fingers only can be introduced, but in adults the hand, unless its circumference exceed nine inches and three-fourths; and this may often be done without lacerating the sphincter. If the latter be found rigid, it may be cut into, the part contiguous to the os coccygis being preferred; the bend of the rectum is thereby rectified, and defecation made easy. During the first few days succeeding the manipulation, considerable pain is present, which however soon disappears, and after ten or twelve days the wound is healed and the sphincter acts as before.

By this procedure, the sigmoid flexure may often be reached, and in more rare in-

stances the lower end of the left kidney; the state of the womb, the ovaries, bladder and intestines may be investigated; carcinomatous masses may be removed by scooping them out of the rectum; fistulae, which formerly were beyond surgical interference, may be operated on; etc. Independently of Simon, Dr. Nussbaum instituted similar proceedings at Munich, and is said to have reached so far with his fingers as to touch the processus ensiformis.

#### The Surgical Remedy of Ozena.

In an article in the *Lyon Medical*, M. ROUGE aims to prove that this always depends upon lesion of the bones of the nasal cavity. Hence the insufficiency of ordinary therapeutic means, and the spontaneous cures accompanied by expulsion of sequestra. His operation avoids deformity. He incises the mucous membrane in the gingivo-labial furrow from the left to the right molar, dividing the frænum near its root; cuts down upon the anterior nasal spine; detaches by the bistoury the cartilaginous septum; and (if necessary) divides with the scissors the nasal cartilages at their maxillary attachment, and divides their septum. The nostril can then be turned upwards. He then seeks for the necrosed or carious portions of bone, removes them, and applies nitrate of silver to the mucous membrane. The parts are thoroughly cleansed and replaced. Reunion by first intention has always followed. Recovery has been immediate, and the results quite successful in the seven cases on which he has operated.

#### How to take a Cold Bath.

Not every one, says a contemporary, knows how to take a cold bath. It is a popular theory that the right thing to do is to jump sharply out of bed and to rapidly deluge the skin with showers of cold water, drying it with vigorous friction. This, however, is suitable only for the most hardy constitutions. The true way to take a tubbing in the morning is to rub the skin vigorously, using dry friction for at least five minutes before the bath; and not to bathe in cold water until the capillary circulation has been thoroughly stimulated. In this way it is well able to resist the shock; the lowering of the temperature, and the coldness and shivering, which sometimes follow the cold bath, are in this way avoided.

#### Constipation in Children.

In the *Wiener Medicin Presse*, Dr. MONTI sums up the various causes of this difficulty:—1. Mechanical impediment, as in congenital deformity, imperforate anus, invagination, hernia, etc.; 2. Defective nourishment, as from congenital defects of the lip and throat, too little secretion of milk, etc.; 3. Faulty nourishment, as from excess of casein or defect of fatty matters in the milk, bringing up by hand, starchy food, etc.; 4. Deficiency or diminution of the peristaltic movements of the intestines, atrophy, etc.; 5. Diminution of the intestinal secretion, as in long-continued diseases in consequence of anemia. Constipation is further a symptom of diseases of the brain and spinal cord; also, a consequence of deficiency of drinks, of the use of astringents, presence of ascariides, fruit stones, etc.; and, in older children, it arises in consequence of deficient bodily exercise. The cause suggests the remedy—cod-liver oil and enemata of cold water, mineral waters, manna, etc.

#### Condurango Again.

Two Italian doctors (Giannazi and Bugalini) announce that Condurango is a poison. They state that ten grammes are sufficient to kill a dog. Tetanic paroxysms, like those produced by strychnine, follow the exhibition of this drug, and they therefore suggest that if it be useless in other respects, it may be of value in cases of paralysis, and other diseases requiring tetanizing influences, as a milder remedy than strychnine.

The College of Physicians of London has lately drawn up and sent to Lord Granville an elaborate report on the parcel of condurango which his lordship, as Foreign Secretary, had sent to them for trial. The conclusion arrived at is, that the drug is "inert and useless." We thought the old swindle was dead and buried. It is strange that the profession anywhere should seem to cling to it.

#### The Climate of Algiers.

M. SESARY, in a careful and conscientious study of this subject (*De la Température de la Ville d'Alger au point de vue des Maladies chroniques de la Poitrine*), arrives at the following conclusions, which are important to consumptive invalids, who transport themselves thither in numbers from these shores. "*This climate is fatal to*

*the phthisical from the month of May to the month of October.* Not only ought phthisical visitors not to sojourn here at that time, but the consumptives in the city ought to leave it. If the inhabitants of the North need to fly from their winter, the inhabitants of Algiers whom the disease torments must flee from the summer."

#### Bromide of Potassium in Epilepsy.

M. VOISIN, in a full report on this drug in the *Archives Generales de Medicine*, says:—Its efficacy in epilepsy is incontestable, even where a great number of attacks have occurred (4000), or when the disease is of long duration (fifteen years). Cure is interfered with by organic causes, hereditary tuberculosis and alcoholism, malformation of the brain, onanism, plastic effusions, sclerosis, clots, softening, conditions often causing loss of special sense or motor power. Menstrual epilepsy is less favorably affected by the bromide. On this subject, M. Voisin gives ample details.

#### Epidemic Influenza.

In response to our inquiry as to the prevalence of epidemic influenza throughout the country, the *Vermont Chronicle*, published at Windsor, Vt., one of the best edited and most readable papers that comes to our table, has the following:—

"We can testify as common observers, not experts in such matters, that in all this region there has prevailed for several weeks a remarkable epidemic resembling very much the epizootic among the horses; that whole families and villages have been sorely afflicted with it, and that wheezing, coughing, blowing, headaches, and all the usual concomitants, are painfully numerous."

### NEWS AND MISCELLANY.

#### American Medical Association.

The Twenty-fourth Annual session will be held in St. Louis, Mo., May 6th, 1873, at 11 A. M.

The following Committees are expected to report:—

On Cultivation of the Cinchona Tree. Dr. Lemuel J. Deal, Philadelphia, Pa., Chairman.

On Measures to Prevent the Extension of Diseases of Inferior Animals to Man, and the Sanitary Measures to Arrest the Progress of such Diseases in Animals. Dr. A. W. Stein, New York, N. Y., Chairman.

On the Treatment of Fractures. Dr.

Lewis A. Sayre, New York, N. Y., Chairman.

On Gungullia, a substitute for Quinia. Dr. Wm. Chew Van Bibber, Baltimore, Md., Chairman.

On Gynaecology. Dr. Montrose A. Pallen, St. Louis, Mo., Chairman.

On the Renewal of Prescriptions without Authority, and on the Relations of Physicians and Druggists. Dr. R. J. O'Sullivan, New York, N. Y., Chairman.

On Vaccination. Dr. T. N. Wise, Covington, Ky., Chairman.

On Skin Transplantation. Dr. J. Ford Thompson, Washington, D. C., Chairman.

On some Diseases peculiar to Colorado. Dr. John Elsner, Denver, Colorado, Chairman.

On Correspondence with State Medical Societies. Dr. N. S. Davis, Chicago, Illinois, Chairman.

On National Health Council. Dr. Thomas M. Logan, Sacramento, Cal., Chairman.

On Nomenclature of Diseases. Dr. Francis Gurney Smith, Philada., Pa., Chairman.

On American Medical Necrology. Dr. J. D. Jackson, Danville, Ky., Chairman.

On Suggestions on Medical Education. Dr. A. M. Pollock, Pittsburg, Pa., Chairman.

On Medical Education. Dr. William Carson, Cincinnati, Ohio, Chairman.

On Medical Literature. Dr. Austin Flint, New York, N. Y., Chairman.

On Prize Essays. Dr. John S. Moore, St. Louis, Mo., Chairman.

On Plan for better Arrangement of Sections, and more rigid Examination of Papers offered for Publication. Dr. E. L. Howard, Baltimore, Md., Chairman.

On Ethics. Dr. H. F. Askew, Wilmington, Delaware, Chairman.

On the Climatology and Epidemics of each of the States of the Union.

Physicians desiring to present papers before the Association should observe the following rule:—

"Papers appropriate to the several sections, in order to secure consideration and action, must be sent to the Secretary of the appropriate section at least one month before the meeting which is to act upon them. It shall be the duty of the Secretary to whom such papers are sent, to examine them with care, and, with the advice of the Chairman of his Section, to determine the time and order of their presentation, and give due notice of the same. . . ."

#### OFFICERS OF SECTIONS.

Chemistry and Materia Medica. Drs. R. E. Rogers, Philadelphia, Pa., Chairman; Ephraim Cutter, Boston, Mass., Sec'y.

Practice of Medicine and Obstetrics. Drs. D. A. O'Donnell, Baltimore, Md., Chairman; Benjamin F. Dawson, New York, N. Y., Sec'y.

Surgery and Anatomy. Drs. Edward Warren, Baltimore, Md., Chairman; W. F. Peck, Davenport, Iowa, Sec'y.

Meteorology and Epidemics. Drs. George

Sutton, Aurora, Indiana, Chairman; Elisha Harris, New York, N. Y., Sec'y.

Medical Jurisprudence, Hygiene, and Physiology. Drs. S. C. Busey, Washington, D. C., Chairman; A. B. Arnold, Baltimore, Md., Sec'y.

Psychology. Drs. Isaac Ray, Philadelphia, Pa., Chairman; John Curwen, Harrisburg, Pa., Sec'y.

#### AMENDMENTS TO BE ACTED ON.

##### (To Constitution.)

Resolved, That the United States Marine Hospital Service be placed in the same relative position in the American Medical Association as the Medical Departments of the United States Army and Navy.

And that, in paragraph 2, of the 2d section, after the words "army and navy," the words "and the United States Marine Hospital Service" be inserted.

##### (To By-Laws.)

#### SECT. III.—Standing Committees.

That, instead of a report on Medical Education, on Medical Literature, and Climatology and Epidemic Diseases, there shall be annually delivered before the Association, at its general meetings, an address in Medicine, an address in Surgery, and an address in Midwifery, or the Diseases of Children, the lecturer, to be appointed this year by the President; afterwards by the Committee on Nominations.

Also, in section 6, after the words, "the chiefs of the bureaus of the army and navy," be inserted "and the supervising surgeon of the United States Marine Hospital Service."

Secretaries of all Medical Organizations are requested to forward lists of their Delegates, as soon as elected, to the Permanent Secretary.

WM. B. ATKINSON, M. D.,

Permanent Secretary,

1400 Pine Street, Southwest corner of Broad, Philadelphia.

#### COLLEGE COMMENCEMENTS.

College of Physicians and Surgeons—Distribution of Prizes.

Steinway Hall was well filled, February 27th, by a select audience, on the occasion of the sixty-sixth annual commencement of the College of Physicians and Surgeons, Medical Department of Columbia College. The platform was occupied by the professors and trustees of the college. Edward Delafield, M. D., the President, presiding. The proceedings were enlivened by the presence of the Seventh Regiment Band in the orchestra, which discussed at intervals during the evening some choice selections. Prayer was offered by Rev. Mancius S. Hut-ton, D. D., after which the ceremony of conferring the degrees upon over one hundred graduates of the college was performed by the President, who pronounced them fully qualified to enter upon their professional career, and presented each gentleman with his diploma. The valedictory address

was delivered by Charles Kelsey, M. D., of the graduating class, after which the proceedings were brought to a close by an address to the graduates by Rev. Henry C. Potter, D. D.

The following is the list of prizes awarded by Prof. Dalton:—For graduating Thesis—First prize awarded to Landon R. Langworth, A. B., Cincinnati, Ohio, for a thesis on "Ligature of the External Carotid." The second prize was awarded to Daniel H. Smith, New York City, for a thesis on "Hydrocyanic Acid." The prize of the Alumni Association was awarded to Andrew H. Smith, M. D., New York City, for a thesis on the effects of high atmospheric pressure, including the "Caisson Disease." Honorable mention was made of William F. Mittendorf, New York City, for a thesis on "Uroscopic Examination." The Otis prize of \$50, established by Prof. Thomas, was awarded to Edward J. Birmingham, and the Thomas prize of a case of surgical instruments was awarded to Joseph D. Anway.

Annual Reunion of the Alumni Association of the College of Physicians, Columbia College.

The Alumni Association of the College of Physicians and Surgeons, the medical department of Columbia College, enjoyed an annual reunion at Delmonico's, February 26th, at which over 100 gentlemen were present. Previous to the banquet the usual yearly business meeting was held, and the following officers chosen:—

President, C. R. Agnew; Vice-President, Robert A. Barry; Secretary, Frederick A. Burrall; Assistant Secretary, George Bayles; Treasurer, T. M. Cheeseman; Committee on Prize Essays, G. A. Peters, Gouverneur M. Smith, Ellsworth Elliott.

A long list of Chancellors was also chosen, headed by Dr. Gurdon Buck, of New York. The annual prize of \$250 for the best essay was awarded by the committee to Dr. Andrew H. Smith, of the New York College. It was on the subject of the effects of high atmospheric pressure, including the "Caisson Disease."

The company sat down to dinner at 6 o'clock, Dr. E. R. Agnew, President of the association, presiding. Among those present were the following gentlemen: Dr. Calvin Ellis, Dean of Harvard Medical College; Rev. Dr. William Adams, Dr. Fordyce Barker, Rev. Dr. Howard Crosby, Dr. A. C. Post, Dr. Edward Delafield, Dr. Yale, Dr. Leaming, Prof. T. G. Thomas, M. D.; Dr. F. N. Otis, Dr. Hayes, the Arctic explorer; Dr. A. E. M. Purdy, Dr. T. M. Markoe, Dr. S. O. Vanderpoel, Health Officer.

When the edibles had been disposed of, Dr. Agnew rose to propose the first toast: "Our Alma Mater; may her children show their appreciation of her teachings by aiding her in every effort to advance and perfect the cause of medical education." This was received with three cheers, and Prof. T. G. Thomas, of the college, was called on to respond.

The second toast was "The Medical Col-

leges: the springs from which waters of healing are borne to the remotest parts of our wide country." It was responded to by Dr. Calvin Ellis, of Harvard Medical College.

Rev. Howard Crosby, Chancellor of the University, and Dr. Fordyce Barker, of Bellevue Hospital, also responded to this toast.

Several other toasts were offered, and duly responded to, and the company separated at a late hour. Letters were read from Dr. Oliver Wendell Holmes, Mr. George William Curtis and others.

Bellevue Hospital Medical College.

The Faculty of Bellevue Hospital Medical College gave a dinner, Feb. 26th, at the Mott Memorial Rooms, No. 64 Madison avenue, to the students who have attended the class of 1872-73. About 200 were present. Previous to the dinner a meeting of the Alumni Association of the College took place, and the following officers were elected: President, Prof. N. T. Lusk; Vice-Presidents, Dr. T. R. Pooley and Dr. F. H. Bosworth; Treasurer, Dr. Henry Raphael; Historian, Dr. T. A. Castle. Among the Faculty present were Profs. Flint, Sr. and Jr., Alexander B. Mott, Hammond, W. H. Van Buren, Doremus, Hamilton, Crosby, Janeway, Lusk, Dr. Hiram A. Pooler and others.

The Twelfth Annual Commencement of the College took place at the Academy of Music Feb. 27th, when 167 diplomas were presented to graduates.

Pennsylvania College of Dental Surgery.

The seventeenth annual commencement of the Pennsylvania College of Dental Surgery took place on Saturday evening, March 1st. The valedictory was given by JOSEPH PETTIT, D. D. S., and the address to the graduates by J. EWING MEARS, M. D., Professor of Anatomy and Surgery. There were twenty-eight graduates.

The Insane in New York.

The Commissioners of Public Charities of the State of New York have presented to the Legislature their sixth annual report. The information in this report as to the insane and idiots in the State is complete, and is given in the form of a series of Tables. The whole number of insane on December 31st, 1871, amounted to 6775, or one person to every 645 inhabitants. The number of insane in the custody of friends amounted to 1582 persons. The 6775 insane persons on December 31st, 1871, are divided into 2907 males and 3868 females. Of these 3544 were natives, and 3231 foreigners; 3602 single, and 2714 married, and the social condition of 459 could not be ascertained. The inquiries were directed so as to ascertain that 502 insane persons had died, and 781 had recovered during 1871, making a total of 1283 to be added to the 6775 persons reported as insane on December 31st. The total of insane persons in the State during 1871, therefore,



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amounted to 8038, of whom 1678, or one to every 2612 of the population of New York were seized with insanity during the year. The returns also show that on December 31st, 1871, there were in the State 2312 idiots, or one to every 1895 inhabitants. Of these, 2082 were of native, and 230 of foreign birth, the males numbering 1355, and the females 957.

#### The Cholera.

In Moravia, Silesia, Galicia and Hungary, the cholera continued during the month of January, though, as might be expected, in a diminishing ratio. In Galicia, during the second half of December, there were 5806 new cases; the total number of cases under treatment during that period was 7040, and among these there were 3746 recoveries and 2054 deaths. In Hungary, four hundred localities in which cholera prevailed are now free from the epidemic. In Budapest, during the week from January 4th to 10th, there were only 16 new cases. The total number under treatment during the week was 77, of whom 35 recovered and 16 died. The *Wiener Medizin. Wochenschrift* reports that six cases of cholera have lately occurred in Vienna, of which three were fatal. These are the only cases that are as yet known to have occurred in the city. The same paper renews its urgent demand for the early adoption of measures for improving the sanitary condition of Vienna. The small-pox epidemic, it says, is not diminishing; an invasion of cholera is threatened; cases, indeed, have already appeared; and the time of the International Exhibition is approaching.

#### Trichina in Pork.

At Oakland City, Indiana, a family, named Boyd, recently partook freely at one of their meals of the flesh of the hog which had been killed for sustenance. Either unintentionally or through negligence, the meat was eaten in a comparatively uncooked state, and the result was that shortly after the entire family, consisting of five persons, were taken down with trichinosis. Valuable medical assistance was brought to bear in their cases, but all efforts to arrest fatality proved futile, and so three of the five have already died. The other two are still lingering, but it is said there is little, if any, hope for them.

#### The Bonapartes.

Dr. Caffé, the *doyen* of French medical journalists, in discussing the organic affection in the case of Napoleon III., which, he believes, was "in itself inevitably fatal," remarks that grave organic maladies alternate with constitutional hereditary disorders. Queen Hortense died of cancer in the womb, Napoleon I of cancer in the stomach, and Charles Bonaparte also of cancer.

#### Dr. Meynert's Appointment.

Dr. Meynert, well known for his valuable researches on the anatomy of the brain, and for his essay on the subject in Stricker's *Manual of Human and Comparative Histology*, has been appointed ordinary professor of psychological medicine in the University of Vienna. Considerable commotion has been excited on the occasion, in consequence of a remark made by Rokitsansky, that "Dr. Meynert had been the first to bring psychological medicine into the circle of scientific investigations, in which it had previously not had a place."

#### Surgical Instrument Display.

At the next International Exhibition there is to be a display of surgical instruments, and there seems every reason to expect that a very complete and interesting collection will be got together.

—It is reported that the meeting of the Hudson County, N. J., Medical Society, March 4th, was a stormy affair. The minute-book was abstracted, and in the endeavor to ascertain who took it, Dr. McGill called Dr. Pendergast a liar. A fight ensued, in which Dr. Pendergast severely punished Dr. McGill and Dr. Watson. So says the *New York Times*.

—Dr. Abner Phelps, one of the oldest physicians in Massachusetts, died in Boston, February 24th, aged ninety-five years. He was a member of the State Legislature in 1826, and on the second day of the session offered an order, which is said to have been the first proposition for a railroad ever made before a legislative body in this country.

—Dr. S. S. Satchwell, one of the oldest graduates of the Medical Department of the University of the City of New York, and a prominent physician of North Carolina, was expected to deliver the annual address before the Alumni Association of that Department, at Association Hall, Tuesday evening, March 4th.

—The second annual report of the Dispensary for Skin Diseases, situated at No. 216 S. Eleventh street, in this city, shows that 401 patients had been treated during the year, of which 196 were males and 205 females. The institution, which has been very successful, is under the management of Dr. Louis A. Duhring.

—The Suffolk District, Massachusetts, Medical Society has appointed a committee to devise some scheme by which a reform in the matter of expert testimony may be realized. Surely such reform is greatly needed.

—An Iowa doctor lately thoughtlessly lanced a pimple on a patient's nose with his vaccinating lancet. It took beautifully, but the patient says that both for appearance and comfort he would almost as soon have small-pox.

### QUERIES AND REPLIES.

#### Herpes Preputialis.

A correspondent in New York relates a very obstinate case of this disease, in which he has vainly tried all the applications mentioned in "the books," and desires suggestions from practitioners who have experience in this often troublesome complaint. We shall be glad to insert in this column any replies from our readers.

#### Histories of Medicine.

We know of no really satisfactory *History of Medicine*. For a sketch of all the leading histories of medicine and their relative merits and defects, see the last (January) number of our *Half-yearly Compendium*, page 323, *General Medicine*.

**Dr. D. W. J., of Me.**—Schellen on the Spectroscope, price \$2.00

#### Diabetes Insipidus.

A physician, 53 years old, who for twenty years has suffered from it, desires suggestions for its relief. He writes:—"My urine is clear and pellucid. Some nights I void one and a half gallons by measure. Do not get quietly asleep before I am compelled to jump up and urinate. In its treatment I have exhausted the therapeutics of the disease as laid down by writers and authors, without relief."

#### Photographs.

**Dr. N. W. B., of Pa.**—No complete collection of the photographs of the professors in the medical schools of this city has been published.

#### Rubber Diapers.

**Messrs. Editors.**—Have you any facts in relation to the injurious effects of rubber diapers on infants? Can they do any harm when placed over the ordinary linen towels? My wife has been deterred from using them by the advice of several friends.

[The above inquiry, from a gentleman not a physician, will, we hope, elicit any facts known to our readers, bearing on the question. Eds.]

#### Opium Antidotes.

**Messrs. Editors.**—Will you be so kind as to give me your opinion of the "Opium Antidotes" advertised by M. D's in different parts of the country, as I have three friends addicted to opium eating, who are very anxious to overcome the habit.

**REPLY.** We have no faith at all in these pretended antidotes. They are generally nothing more than preparations of the drug itself, artfully covered up.

#### Surgical Mechanics.

**Messrs. Editors.**—Is there any work extant, which is devoted to a description of the instruments and appliances used in the various branches of the medical art? J. S. L., of Pa.

**REPLY.** WALES' *Mechanical Surgery* seems to answer the description.

#### Original Researches.

**Dr. J. W. B., of Pa.**—Through the kindness of many of our readers, we are generally well sup-

plied with scientific papers, but for special original researches on questions of practical value we are always willing to make definite arrangements.

#### Lancelot's Cigarettes.

**Dr. L. S., of Ind.**—We believe these articles have some efficacy in asthma.

### OBITUARY.

**Dr. Uriah G. Bigelow**, an eminent physician of New York State, died at Albany, Feb. 24th, in the fifty-third year of his age. He graduated at the Albany Medical College, after which he practiced for four years in the town of Berne, and then removed to Albany, where, by force of his talents and indomitable energy, he placed himself in the foremost rank of his profession. Among his medical brethren he was very much honored and respected, while in the home circle his presence was ever welcomed. During his lifetime he was President of the Albany County Medical Society, curator of the Albany Medical College, and at the time of his death consulting physician of the Albany Hospital.

### MARRIAGES.

**BELT—TOMPKINS.**—In New Bedford, Mass., Dec. 25, by Rev. W. T. Worth, Chas. E. Belt, M. D., and Miss Mary E. Tompkins, both of Boston.

**HALE—McHENRY.**—At Hareford, Ky., Feb. 26th, 1873, at the residence of the bride's brother (Hon. H. D. McHenry), by Rev. J. R. Dempsey, J. Hale, M. D., and Emma McHenry, both of Owensborough, Ky.

**LE MONNIER—DESCHAPELLES.**—In New Orleans, Feb. 6th, 1873, at the St. Louis Cathedral, by the Rev. Father Millant, Dr. Y. R. Le Monnier and Miss Eulalie Le Breton Deschapelles, all of that city.

**McCoy—READ.**—Feb. 18th, 1873, at Christ's M. E. Church, by Rev. S. M. Vernon, D. D., Geo. L. McCoy and Mary E., daughter of Dr. J. L. Read, all of Pittsburg.

**McKOWN—NORTH.**—At Bunker Hill, West Virginia, Feb. 18th, by the Rev. S. H. McKown, Dr. John M. McKown, of Arcola, Ill., and Anna E. North.

**RANKIN—RANKIN.**—Feb. 5th, by the Rev. Robert Hamill, D. D., John M. Rankin, M. D., of Kichland, Michigan, and Susan U. Rankin, of Centre Hill, Centre county, Pa.

### DEATHS.

**HENGST.**—Jan. 26th, at Prospect, Pa., H. Lillie, wife of Dr. D. A. Hengst, and only daughter of Col. Robert Graham, of Grahamville, Pa.

**HILL.**—Feb. 18th, in Willistown, Chester county, Pa., of consumption, Annie M., wife of A. Lewis Hill, M. D.

**HODGE.**—In this city, Feb. 26th, Hugh L. Hodge, M. D., in the 77th year of his age, late Professor of Obstetrics and Diseases of Women and Children, in the University of Pennsylvania.

**LANE.**—At Tom's River, N. J., Feb. 11th, Dr. Lewis Lane.

**McEWEN.**—In this city, Feb. 27th, Thomas McEwen, M. D., in the 74th year of his age.